Supplementary Online Content

Richardson LP, Ludman E, McCauley E, et al. Collaborative care for adolescents with depression in primary care: a randomized clinical trial. *JAMA*. doi:10.1001/jama.2014.9259.

eAppendix

This supplementary material has been provided by the authors to give readers additional information about their work.

<u>eAppendix</u>

Costs for intervention delivery by the study staff including caseload supervision were calculated using methods developed for recent collaborative care studies. First, we calculated an estimated cost per visit for each category of visit (e.g. in person with therapy, in person without therapy, phone follow-up). Subsequently we calculated an estimated cost of intervention delivery for each individual by multiplying the number of visits in each category by the estimated cost for that type of visit. We also added a fixed \$60 per patient cost for caseload supervision and information support consistent with prior collaborative care studies. Individual cost estimates were then averaged across the study sample.

Cost per visit estimates were based on actual salary and fringe rates for the care managers plus a 30% overhead rate for factors such as space and administrative support. Using time accounting logs and reports from the care managers, the estimated cost for an in-person visit with therapy (60 minute session plus 45 minutes administrative time) was \$96. The estimated cost for an in-person meeting without therapy (30 minute session plus 30 minutes administrative time) was \$55. The estimated cost for a phone check-in (15 minutes plus 20 minutes administrative time) was \$32. Administrative time for each of these estimates included outreach efforts, preparing for the session, care coordination within the clinic, and record keeping.

An example of a cost calculation for a participant is provided below: ((8 in person with therapy visits) x \$96) + ((2 in person without therapy visits) x \$55) + ((9 phone check in visits) x \$32) + \$60 = \$1226.